

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/503799

FILING DATE

1-9-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21	1		1			
22						
23						
24						
25						
26	1		1			
27	1		1			
28						
29						
30						
31		1				
32	1		1			
33						
34						
35						
36						
37						
38						
39		1				
40						
41	1		1			
42	1		1			
43		1				
44		1				
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53	1		1			
54	1		1			
55		1				
56		1				
57	1		1			
58						
59						
60						
61						
62		1				
63	1		1			
64						
65						
66						
67						
68		1				
69	1		1			
70						
71						
72						
73						
74						
75						
76						
77		1				
78	1		1			
79						
80						
81						
82						
83						
84						
85						
86		1				
87	1		1			
88						
89						
90						
91	1		1			
92						
93						
94	1		1			
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	17	↓		↓
TOTAL DEP.		←	79	←		←
TOTAL CLAIMS			96			

Charitta Burt

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